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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

4

Application Number

10/622,899

Filing Date

07/19/03

First Named Inventor

Hafendorfer, James T.

Art Unit

3632

Examiner Name

Duckworth, Bradley

Attorney Docket Number

101339.112335

**ENCLOSURES (Check all that apply)**☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/  
Incomplete Application☐Reply to Missing Parts  
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a  
Provisional Application☒Power of Attorney, Revocation  
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board  
of Appeals and Interferences☐Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify  
below):Certificate of Express Mailing, Return Receipt  
Postcard

Remarks

EV948548626 US

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Stoll Keenon Ogden PLLC

Signature

Printed name

David J. Clement

Date

May 8, 2007

Reg. No.

44082

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/622,699
Filing Date	07/19/03
First Named Inventor	Hafendorfer, James T.
Title	Blower Support Device for Utility V
Art Unit	3632
Examiner Name	Duckworth, Bradley
Attorney Docket Number	101339.112335

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

68040

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>James T. Hafendorfer</i>	Date	5/4/07
Name	James T. Hafendorfer	Telephone	502 244 7934 EXT 12
Title and Company	President Jungle Jims		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of ONE forms are submitted.

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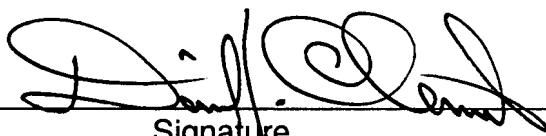


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David J. Clement

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44,082  
Registration Number, if applicable

(502) 333-6000  
Telephone Number

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